

There are other points regarding the pressure on the walls of the arteries and veins during the acts of respiration that have been elucidated by the labors of Magendie, Poiseuille, Ludwig, and Donders, which ought to be taken into account. But I shall not now enter further into the subject.

The difficulty of drawing conclusions on a matter as complicated as this is very great. Nor do I intend them to be final. I have merely wished this evening to call the attention of the College to them, in hopes of being able at some future time to furnish more extended data.

I cannot, however, leave this subject without alluding to the erroneous view, still so prevalent, that in asphyxia the blood collects in the venous system and on the right side of the heart, and that the non-aerated fluid does not reach the left side of the organ. If the experiments above detailed prove nothing more, they certainly prove how faulty is this still generally received doctrine; they certainly show that black blood may distend the left side of the heart. Whether the same phenomena occur if asphyxia is brought on whilst the lungs are fully inflated, I cannot say, since I have not as yet studied that question. But I can say that, if they do occur, they are not produced so quickly.

*Arsenic in Obstinate Chronic Bronchitis.*—Dr. Wood observed that his attention had long since been attracted to the probable existence, in certain cases of obstinate chronic inflammation, no matter in what part of the body it might be situated, of the same state of system which gives extreme obstinacy to some cutaneous eruptions, such as psoriasis and lepra. This view is of practical importance; as arsenic, having proved a most effectual remedy in the cutaneous affections alluded to, might be equally beneficial in obstinate chronic inflammation elsewhere, if possessed of the same systemic character. The idea is not a new one. Professor Simpson, of Edinburgh, having been led to the supposition that a certain obstinate affection of the bowels, not uncommon in that city, was of a nature similar to cutaneous eruptions, employed arsenic in it with very beneficial effect. The same remedy has been long employed in obstinate periostitis, and with great asserted benefit in chronic nodosities of the joints of a rheumatic character. I have frequently thought of using it in chronic bronchitis, which had resisted ordinary treatment, but never carried the idea into effect until, in a case of nine or ten years' duration, which came under my notice some time since, connected with psoriasis of the face, I had a fair opportunity of trying the remedy. Under the use of Fowler's solution, in the dose of from three to five drops, three times a day, continued for six or eight weeks, the cutaneous eruption and chronic bronchitis were both so much relieved that the remedy was discontinued. Indeed, both affections had almost, if not quite, disappeared; and the patient had not been equally free from his bronchial affection at any time for years before. In consequence, however, of apprehension of injury to the stomach, not well founded

I believe, he prematurely omitted the medicine; and three or four months afterwards both affections began to reappear. I am again using the solution in the case, and thus far, with a similar result.

*Stomorrhœa Vicarious to the Menses.*—Dr. WOOD also made the following statement: “During my last term of service in the Pennsylvania Hospital, a case of stomorrhœa occurred, which appears to me worthy of notice. The patient was a woman, of about twenty-five years of age, in other respects apparently in good health. She had for three months been affected with a very profuse and disagreeable discharge from the mouth, which she herself supposed to proceed from the stomach. I soon, however, convinced myself that the liquid discharged was a mixture of saliva and a mucoid secretion from the lining membrane of the mouth and fauces. It was nearly colourless, somewhat viscid, and of an unpleasant odour and taste, and appeared to be constantly flowing. As there was evidence of some inflammation of the mucous membrane, I considered the case one of simple chronic stomatitis, and treated it accordingly, both by general and local remedies for a considerable time, but without the slightest advantage. My attention having at length been directed to the menstrual function, I found that it had been arrested about the same time with the occurrence of the discharge from the mouth. Thinking that the two affections might be connected, I put the patient on the use of aloes and the pill of carbonate of iron, with the hot hip-bath daily, which apparently had the effect of restoring menstruation, after which, the affection of the mouth ceased immediately. This case may prove useful, if in no other way, by inducing an early inquiry into the state of the menstrual function under similar circumstances.”

*May 4. Common Salt in Epistaxis.*—Dr. HAYS stated that he had been induced, by the report made to the College in November last of a case of epistaxis promptly arrested by the administration “of common salt taken into the mouth in doses of a teaspoonful” (see *Trans. of Coll.*, Nov. 5, in *Am. Journ. Med.*, April, 1858, p. 390), to try the remedy in an obstinate epistaxis to which he had been recently called.

The subject of this case was a lady 80 years of age, who was seized with profuse epistaxis about midnight, and when seen by Dr. Hays two hours afterwards was still bleeding copiously; at least eight ounces of blood had been lost. Cold applications to the nose, forehead and back of the neck, which had been already used, were repeated, and these failing, the salt was administered as recommended by Dr. MORRIS, but without the least benefit. The hemorrhage was finally arrested, but not until about fourteen ounces of blood had been lost, by the application to the inner surface of the nostrils by means of a camel’s hair brush, of the *tinctura ferri chloridi*. At first this was applied diluted with about one-third of water, but afterwards it was used still stronger.